	PAIENI	APPLICATIO	)	ולו	NE	1/04						
Effective October 1, 2001 09 986 499											199	
CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	THAN
Т	OTAL CLAIMS		(Column 1)		(Column 2)			TYPE		OR		
			24					RATE	FEE	].	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			J\forall minus 20=		* 4			X\$ 9=	36	OR	X\$18=	r
INDEPENDENT CLAIMS			<b>多</b> minus 3 =		*			X42=		OR	X84=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+140=		OR	+280=	<u></u>
* If	the difference	less than ze	ss than zero, enter "0" ir		column 2		TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II									<u> </u>	Jon	OTHER	TUAN
		(Column 1)		(Colur	nn 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 24	Minus	** 2	. 4	=		X\$ 9=		OR	X\$18=	//
	Independent	* 3	Minus	***	3′	= /		X42=	<del>- /-</del>	OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4.40	<del>                                     </del>			<del>/-</del>
								+140=		OR	+280≈	
									Ц	OR ,	TOTAL ADDIT. FEE	/
_		(Column 1) CLAIMS	0	(Colur		(Column 3)			·			<i>t</i>
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	<del> </del>	=		X42=		l I	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						i ŀ			OR	7.01-	
							Į	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
	(Column 1) (Column 1) (Column 1) (Column 1)					(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= '		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		l	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-	OR	704-	
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+140= TOTAL		OR	+280=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is loss than 20, onter "20."									OR ,	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
FORM	PTO-875 (Rev. 8/0	01)					Pate	nt and Tradem	ark Office U	S DEP	ARTMENT OF	COMMERCE

Application or Docket Number